



Department of Pathology

Medical Center Boulevard
Winston-Salem, NC 27157



APPLICATION FOR:

1st YEAR CATEGORICAL PROGRAM IN

CATEGORICAL DIVERSIFIED PROGRAM IN

FLEXIBLE PROGRAM IN AND

OTHER (please specify)

PROPOSED BEGINNING DATE OF TRAINING:

FULL NAME: (Last) (First) (Middle)

PRESENT ADDRESS: (Street) (City, State) (ZIP)

PERMANENT ADDRESS: (Street) (City, State) (ZIP)

TELEPHONE (days): (area code) (eves/weekends): (area code)

EMAIL ADDRESS:

DATE OF BIRTH: SOCIAL SECURITY #

PLACE OF BIRTH: CITIZENSHIP:

MARITAL STATUS: SPOUSE'S NAME:

GOVERNMENT OBLIGATIONS (Public Health Service, etc.):

PREMEDICAL EDUCATION (List Colleges, Degrees, & Dates):

MEDICAL SCHOOLS & DATES: ECFMG#:

ACHIEVEMENTS (Awards, Honorary Societies, etc.):

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POST GRADUATE EXPERIENCE (Internship, Residency, Fellowship, Clinical Practice, & Dates): _____

DO YOU HAVE A FULL LICENCE TO PRACTICE MEDICINE? Yes _____ No _____

If yes, give state(s): _____

FUTURE PLANS: TEACHING _____ PRIVATE PRACTICE _____ GENERALIST _____
RESEARCH _____ SPECIALIST _____

FURTHER COMMENTS: _____

Ask three (3) people and the Dean of your medical school to send recommendations to us, and list their names, addresses, and telephone numbers below:

- 1) _____

- 2) _____

- 3) _____

- 4) _____

PLEASE NOTE: Send applications and letters of recommendation to the department to which you are applying.* If you have any questions, please contact that department or Graduate Medical Education Office, Wake Forest Baptist Medical Center. Be sure to mention the program to which you are applying.

Send materials to Dr. Michael Beaty; Department of Pathology, Wake Forest Baptist Medical Center, Medical Center Boulevard, Winston-Salem, NC 27157.